

TOWN OF SOUTHAMPTON

Department of Human Services
116 HAMPTON ROAD
SOUTHAMPTON, NY 11968

Phone: (631) 702-2420
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ANNA THRONE-HOLST
TOWN SUPERVISOR

WILLIAM C. JONES
DIRECTOR
VIRGINIA B. BENNETT
DEPUTY DIRECTOR

2012 HUMAN SERVICES GRANT

APPLICATION and CHECKLIST

Submission deadline: by 4 pm Friday, November 4, 2011

Call Virginia Bennett at (631) 702-2423 with any questions.

1. _____ CONTACT SHEET
2. _____ NARRATIVE
3. _____ PROGRAM BUDGET
4. _____ FINANCIAL DATA
5. _____ NEW APPLICANTS submit proof of Not-For-Profit Status **AND** W-9 Form
6. _____ END-of-YEAR Program Summary and Accounting. Organizations that received a **2011** Town of Southampton grant **must** submit a brief self-evaluation of the program activities and an accounting of how the awarded funds were actually spent.
7. _____ INSURANCE: All 2012 Grant recipients will provide an insurance certificate for each of the following types of insurances as noted:
 - A) Commercial Business Liability Insurance – Every company/recipient
 - B) Worker's Compensation Form C-105 –with one or more employee.
 - C) Disability Benefits Insurance Form DB 120 –with one or more employee
 - D) Businesses with *no employees* must submit a state-issued substantiating waiver, available at www.wcb.state.ny.us

**FUNDING WILL NOT BE RELEASED UNTIL
ALL REQUIRED CERTIFICATES ARE RECEIVED.**

8. _____ RETURN ONE COMPLETED COPY. Electronic applications cannot be accepted.

CONTACT SHEET

AGENCY: _____

AGENCY DIRECTOR: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

PROPOSAL TITLE: _____

CONTACT PERSON: _____ **TITLE:** _____
(If different from Director)

TELEPHONE: _____ **FAX:** _____

EMAIL ADDRESS: _____

TOTAL PROGRAM COSTS \$ _____

REQUEST FROM TOWN \$ _____

Signature of Chair/Board of Directors (or other authorized individual)

(Please print name and title)

NARRATIVE

Please answer the following questions, on a separate page if you prefer. Be clear and concise as to why your organization should be funded through this Town program.

- 1. What problem does this project address?**
- 2. What are the project's specific objectives?**
- 3. What methods will be used to achieve these objectives?**
- 4. What is the target population this project will serve and do you have a waiting list for your agency's services?**
- 5. How will the project results be evaluated?**
- 6. How will you establish that recipients of your proposed services are Southampton Town residents?**
- 7. Describe your agency's service record and fee structure.**
- 8. This grant is not automatically renewable. What provisions will be made if this funding is not available in future years?**
- 9. If the project budget exceeds the amount requested, explain how you will make up that difference?**
- 12. Are you in compliance with the Americans with Disabilities Act?**
- 13. Are you in compliance with Title VI of the Civil Rights Act of 1964...prohibiting discrimination in hiring or employment opportunities?**

PROGRAM BUDGET

I. Personnel costs for proposed project:

<u>POSITION</u>	<u>DUTIES</u>	<u>ANNUAL RATE</u>	<u>PROJECT SALARY</u>

Salary Totals \$ _____

II. Employee Benefits

ITEM
Social Security
Health Insurance
Workers Compensation Insurance
Unemployment Insurance
Other (Identify)
Other (Identify)

PROPOSED EXPENDITURE

Benefits Totals \$ _____

III. NON-PERSONNEL COSTS

EXPENDITURES

Non-personnel Totals \$ _____

GRAND TOTAL: \$ _____

FINANCIAL DATA

I. List all sources of funding received over the past three years:

<u>DATE</u>	<u>FUNDING SOURCE</u>	<u>AMOUNT</u>	<u>ACTIVITY</u>

II. Provide the latest statement of financial soundness prepared by an independent auditor. Audit should not be more than 2 years old.

DEADLINE: by 4 PM on FRIDAY, NOVEMBER 4, 2011